



*The Commonwealth of Massachusetts*  
*Department of Civil Service and Registration*  
*Board of Registration in Medicine*

*Leverett Saltonstall Building, Government Center*  
*100 Cambridge Street, Boston 02202*

ANNUAL REPORT FOR THE FISCAL YEAR 1975  
(In compliance with General Laws, Chapter 112, Section 4)

**FUNCTION OR PURPOSE:** General Laws, Chapter 112, Sections 2 through 12-A, Sections 23-A through 23-O, Sections 61 through 65, Section 88. Activities of the Board of Registration in Medicine include registration of physicians by examination and by endorsement; temporary registration of physicians; limited registration of interns, fellows, residents, medical officers; discipline; complaints; maintenance of records; registration of assistants in medicine; examination, registration, re-registration of physical therapists and registration of physical therapists by endorsement; verification of registration for Registry of Motor Vehicles and for others; approval of hospital affiliations for purposes of training; initiation of legislation; review of proposed new legislation pertaining to registration of physicians and the practice of medicine; establishment of rules and regulations and conduct of hearings pertaining thereto.

**MEMBERSHIP:** General Laws, Chapter 13, Section 10, as amended by Chapter 1099 Acts of 1973; Section 9B(c); Section 9B(d), Section 11.

**MEMBERS OF THE BOARD:**

Name	Date of Original Appointment	Term Expires
H. Thomas Ballantyne Jr. M.D. 30 Embankment Road, Boston 02114	July 3, 1974	December 31, 1975
Joseph M. Baker, M.D. 73 Maple Street, Springfield	April 2, 1969	December 10, 1974
Anthony O. Cardullo, M.D. 252 Hanover Street, Boston	October 17, 1945	July 2, 1974
Lewis J. Cataldo M.D. 28 Kendall Street, Worcester	December 11, 1974	December 31, 1975
Isadore Gross, M.D. 89 Wildwood Road, Andover 01810	August 5, 1970	December 31 1975
Vasilios G. Letsou, M.D. 170 Merrimack Street, Lowell	October 10, 1967	December 31 1975

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Stanley M. Slawsby  
149 Allen Avenue, Waban

July 25, 1972

December 31, 1975

David W. Wallwork, M.D., Secretary  
5 Third Street, No. Andover 01845

February 10, 1955

December 31, 1975

Bancroft C. Wheeler, M.D., Chairman  
27 Elm Street, Worcester

July 22, 1948

December 31, 1975

MEETINGS OF THE BOARD: (General Laws, Chapter 13, Section 11)

Three meetings are obligatory. There were eleven meetings of the Board during the period covered by this report.

LEGISLATION:

The Board often initiates legislation and routinely reviews other proposed legislation pertaining to the registration of physicians and the practice of medicine, indicating approval or disapproval, or suggesting changes.

In fiscal 1975, the Board submitted four pieces of legislation, none of which were enacted: Senate No. 183, An Act to Increase the Salaries of the Members and officers of the Board; Senate No. 97, An Act Increasing the Examination Fee for Registration as a Physical Therapist; Senate No. 98, An Act Increasing the re-examination fee for registration as a Physical Therapist; and Senate No. 99, An Act to Increase the Fee for Endorsement Registration of Physical Therapists and Eliminating the required attendance of Registered Therapists at Examinations. Elimination of the required attendance of a registered physical therapist at the examination was accomplished by Chapter 584, Acts of 1975.

Legislation pertaining to the Board and to the practice of medicine that became law in fiscal 1975 included the following acts:

1. Chapter 723, Acts of 1974, An Act relative to the registration of persons who are licensed as physicians without the Commonwealth or are diplomates of specialty boards. This act permits registration without examination for all candidates, including FMG's without ECFMG certificates, who are diplomates of specialty boards recognized by the American Medical Association. If the candidate has previously failed a Massachusetts' licensing examination, endorsement registration on the basis of a board certificate is granted only at the Board's discretion.
2. Chapter 138, Acts of 1975, An Act relative to the qualifications for licensure as a physician. This act provided entry into medicine for graduates of schools like Guadalajara via the Fifth Pathway, a mode of entry that previously had been available by rule and regulations of the Board.
3. Chapter 399, Acts of 1975, An Act authorizing certain physicians to remain in state service if the Commissioner of Mental Health determines their services are needed. This act provided renewal of limited registration for non-ECFMG physicians in service as of June 30, 1975, but any such renewal shall not be valid after December 31, 1977 when upgrading of physicians' services in state hospitals should be complete, so far as registration procedures are concerned.



4. Chapter 362, Acts of 1975, An Act Relative to Medical Malpractice. This act directs that physicians registered in Massachusetts must renew their certificates of registration on January 15, 1976 and at two year intervals thereafter at a fee of fifty dollars. The certificate of registration of any physician who does not file a completed renewal application together with the fee shall be automatically revoked, but shall be renewed upon completion of the renewal process.

The same legislative act abolishes the present Board of Registration in Medicine on December 31, 1975 and establishes a Board of Registration and Discipline in Medicine, including two consumer members instead of one, retaining the same number (seven) of members, omitting the requirement of ten years in practice for the physician members, providing for a chairman, vice chairman and secretary without a salary differential. Members are to be appointed for a term of three years (after two initial appointments for one year and two for two years) instead of seven and may serve only two terms, but will again be eligible for appointment after one year. The remuneration is to be thirty-five dollars for each day or part thereof spent in performing board duties; travel expense shall be no more than eight cents per mile; expenses shall not exceed twenty dollars per day. The board is to meet at least once a month. The expenses and compensation of the new board "shall not be in excess of the amounts received by the commonwealth for certificates of renewal or any registration fees".

All of these changes preceded the major portion of an act designed primarily to assure, at least temporarily, the availability of malpractice insurance to physicians in the commonwealth.

The disciplinary provisions of the new bill are little different from the old, excepting in two instances, i.e. revocation for being guilty of practicing medicine while the ability to practice is impaired by physical disability or mental instability and being guilty of violating any rule or regulation of the board governing the practice of medicine. Omission of conviction of a felony as a basis for revocation is unfortunate--this was a very useful mechanism for dealing in a simple way with drug offenders. Particularly disappointing is the failure to mention fees in any way. Fees are the commonest source of complaints to the board and the public is bitterly critical when the board fails to take action on the basis that it has no jurisdiction. Absence of any mention of unorthodox, unproved or inappropriate methods of treatment is another disappointment. The new law fails to provide sorely needed innovative procedures for time consuming hearings before the board. It also reveals a discretionary exemption by the new board from the requirement of an E.C.F.M.G. certificate for registration of foreign medical graduates and this is likely to be a bothersome item for the new board.

The new law provides, as previously mentioned, that the expenses and compensation of the board shall not exceed the revenue from registrations and renewals. Assuming that 7500 physicians renew their registrations every two years (a really minimal assumption), one has a "kitty" of \$187,500 per year. The actual expenses of the present board were \$62,518 in fiscal 1974 while income was \$141,906.00, the difference being \$79,388.00 that was reverted to General Funds, thus becoming unavailable to the board. Previously the board has been dependent upon the Attorney General's office for legal assistance and often has felt it was a step-child in such dependency. The new board "may appoint legal counsel and such assistants as may be required; may make contracts and arrangements for the performance of similar services required or appropriate in the performance of the duties of the board". Such legal assistance will be expensive, however; the



fees certainly will exceed the thirty-five dollars per day paid each board member. However, it is possible that the new board may employ investigators and possibly an executive secretary who might greatly lighten the burden upon board members. The board might also be relieved of its dependency upon the Division of Registration for urgent personnel needs.

To the old board, this seems almost too good to be true - and indeed it is - because in the middle of the act one finds that the malpractice tribunal has a hand in this till - the pro rata percentage of the tribunal's expenses and compensation engendered by actions against physicians shall not be in excess of the amounts received by the commonwealth for registration fees, less the amount expended for expenses and compensation of the board of registration.

The reduction in compensation, the truly menial compensation for board members is explained away by insisting that membership on the Board of Registration and Discipline in Medicine really is honorary. If this concept prevails and the present workload continues, the members of the new board are likely to find the assignment onerous rather than honorary.

5. Chapter 584, Acts of 1975. An Act further regulating the practice of physical therapy. This act a) provides that physical therapy may be practiced upon referral by, rather than under the supervision of a physician b) deletes the necessity for a certificate of high school education, c) does away with the necessity for physical therapists (as sought in Senate 99, submitted by the Board but not enacted) and d) abolishes the requirement of a course of further instruction after a second examination failure.

The Board considered many other pieces of legislation that either failed of enactment or were modified and incorporated into other acts:

1. House No. 771 - An Act requiring physicians to pay an annual licensing fee. No position by Board. Incorporated in House No. 5978, enacted June 19, 1975.
2. House No. 1114 - An Act prohibiting discrimination against recipients of medical assistance. No action by Board.
3. House No. 1688 - An Act prohibiting any person who has reached 70 years of age from the practice of medicine. Approved by Board. Failed of enactment.
4. House No. 2910 - An Act amending the law regulating the practice of physical therapy. Board approved but suggested minor editorial and substantive changes. Became House No. 5621 and Chapter 584, Acts of 1975.
5. House No. 2914 - An Act relating to the practice of medicine, restoring the license of Louis Charles Billotte whose license had been revoked for fraudulent credentials. Opposed by Board. Reported favorably out of committee. Resultant furor resulted in failure of enactment as had happened in previous legislative sessions.
6. House No. 4240 - An Act providing for split examinations by the Board. Board opposed. Failed of enactment.

7. House No. 3668 - An Act authorizing the Board to register John Meagher as a physical therapist. He had been denied registration by the Board. Board opposed. Failed of enactment.
8. House No. 5978 - An Act relative to medical malpractice. Became House No. 6315. The Board took no action on the malpractice insurance portion of this bill, opposed abolition of the Board, but supported other provisions of the bill. When H.5978 became H.6315 and eventually Chapter 362, Acts of 1975. The disciplinary modifications supported by the Board were watered down and the Board of Registration in Medicine was replaced by a Board of Registration and Discipline in Medicine.
9. Senate No. 635, An Act to amend chapter 112, Section 2, by requiring registration renewal by physicians. The Board approved this bill with modifications. It was incorporated, with a higher fee, in House 5978, which became Chapter 362, Acts of 1975.
10. Senate No. 654 - An Act requiring a two year period of medical service in certain areas of the Commonwealth needing the services of additional medical doctors by all graduates of the University of Massachusetts School of Medicine. Opposed by the Board. Failed of enactment.
11. Senate No. 1889 - An Act providing for registration renewal by registered physicians. Similar to Senate 635. Board took no position. Incorporated in House 5978 and Chapter 362, Acts of 1975, with a higher fee.
12. Senate No. 1796 - An Act further regulating the practice of professional nursing. The Board endorsed the intent of the bill but suggested minor modifications.
13. Senate No. 1905 - An Act further regulating the practice of professional nursing.

#### Informal Appearances Before Board

There were twenty-five such appearances before the Board, exclusive of those dealing with routine registration. Such appearances dealt with such matters as complaints received by the Board, continued observation of doctors with problems with alcohol, drugs or illness, requests for backdating registrations (routinely denied), and especially appeals regarding endorsement registration and extensions of limited registration beyond five years. Six candidates were denied endorsement registration after such appearances, one was originally denied and later granted registration. With or without appearance before the Board, nine candidates were denied limited registration after five or more years, ten were granted further limited registration for varying periods up to one year.

#### Judicial Hearings

Two hearings resulted in revocation, one in an indefinite suspension. One hearing was incomplete at the end of the fiscal year. Four hearings related to ear piercing under the supervision of limited registrants resulted in no formal action, the hearings themselves having served a disciplinary purpose.



As the result of the activities of the Drug Diversion Unit of the Massachusetts State Police, there are now many cases in which the Board already has voted to cite the offending physician for a hearing, but these are cumbersome, lengthy, difficult affairs with the present mechanism for conducting such hearings. Properly expeditious disposition is simply impossible. The Board is earnestly seeking a solution for this dilemma.

#### Petitions for Restoration of Registration

There were four petitions for restoration of registration. One was denied. One was granted with the provision that the physician not apply for a federal or state controlled substances certificate. One was denied in July 74' and September 74', but restored with the provision that he apply only for permission to dispense Schedule 6 substances. One limited registration, revoked because of theft of controlled substances, was restored upon presentation of adequate evidence of rehabilitation.

#### Complaints

Complaints include direct letters from patients or others as well as referrals from the Consumer Protection Division of the Attorney General's Office and from the Executive Office of Human Services. Many of these concern matters not within the Board's jurisdiction, e.g. complaints against hospitals. In such cases, the complainant is so notified and, when possible, is referred to an agency which might afford help, e.g. the Massachusetts Medical Society, the Massachusetts Osteopathic Association, Blue Cross, Blue Shield, the Departments of Public Health, Public Safety and Mental Health or the Attorney General's Office. Some are handled by the Secretary by telephone and personal negotiation with the physician concerned. Some complaints could be satisfied only in a court of law and in such instances the Board votes to take no action. More routinely, however, the doctor is sent a copy of the complaint and invited to comment thereupon. The full Board considers the complaint and the comments. If it seems necessary or advisable, the doctor is invited to appear before the Board; this happened in three instances in this fiscal year as it did in the last. Many complaints are resolved in the course of this process and no further action by the Board is necessary. If this has not occurred, the Board takes appropriate action or none as circumstances warrant. Fifty seven complaints received the attention of the Board, ten less than the previous year. In two instances, fee adjustments resulted. In four instances, the patient was notified that the Board freely supported the physician. In another instance, a letter of apology to the patient closed the case. One case resulted in a decision to cite the physician for a formal hearing (not yet held). Rather typical replies were "it is unethical to ask payment in advance, not in the best traditions of the profession", "charge for completion of multiple insurance forms is legitimate", "simple dissatisfaction with a physician's services does not justify non-payment of fees". The most troublesome complaints are those from mentally disturbed patients - such complaints are difficult for all concerned and consume a disproportionate amount of time and effort. Fee complaints are not specifically within the Board's jurisdiction, are a matter of contract between physician and patient, and the Board does not attempt to adjudicate them unless a given instance obviously is a flagrant injustice.

### Significant Actions by the Board

Significant actions by the Board, apart from those already mentioned, included discontinuation of the requirement of a personal interview for all endorsement candidates and registration of endorsement candidates without waiting for all clearances from other states and the AMA. These actions have speeded up such registrations and avoided many bitter complaints. In view of the fact that Florida no longer requires an examination in the basic sciences, candidates for registration by endorsement of a Florida license are not accepted if they have not taken the basic science examination. The Board also voted to schedule a public hearing on the regulation of acupuncture, but the proposal has not yet been approved by the Attorney General's Office and is presently a dormant issue.

Although the General Laws do not specifically require that a physician pronounce a patient dead, a regulation of the Department of Public Health does require this in a nursing home which it licenses. When asked to take a position on this regulation of the Department of Public Health, the Board approved the regulation.

One of the Board's more significant actions was to insist that the application for renewal registration under Chapter 362, Acts of 1975, indicate clearly what information was required by the General Laws for renewal and indicate that any other information sought on that form by the National Center for Health Statistics was sought on a strictly voluntary basis.

At the invitation of Dr. Jack Ewalt, Senior Consulting Dean for Clinical Affairs at the Harvard Medical School, The Secretary met and dined with Dr. Kat sumi meguro Meguro, Deputy Chief of Medical Affairs, Ministry of Health and Welfare in Japan and with his senior associate. The discussions involved surprisingly similar problems and accomplishments.



## THE MEDICAL PROFESSION IN MASSACHUSETTS IN 1975

(Chapter 112, Section 4, Records, Annual Report "The Board shall make an annual report, including a statement of the condition of medicine and surgery in the Commonwealth.")

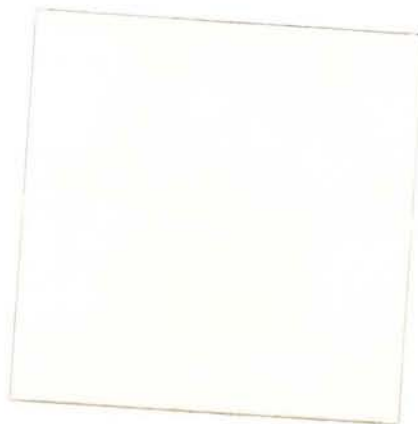
In the past fiscal year the medical profession in Massachusetts, along with the profession country wide, was rather abruptly confronted with a situation of crisis proportion - the threatened withdrawal of many insurance companies from the provision of malpractice insurance and the potentially disastrous increases in the cost of such coverage. The situation was so portentous that legislative relief became imperative and was forthcoming as Chapter 362, Acts of 1975, An Act Relative to Medical Malpractice. The price was some denigration of the Board of Registration in Medicine, a price the Massachusetts Medical Society paid without a whimper. This aspect of the bill has been described elsewhere in this report (pp. 3). The malpractice legislation provided three major features. The first of these was a tribunal of a superior court justice, an attorney and a physician to hear all proposed malpractice actions to determine "if the evidence presented if properly substantiated is sufficient to raise a legitimate question of liability appropriate for judicial inquiry or whether the plaintiff's case is merely an unfortunate medical result". "If a finding is made for the defendant, the plaintiff may pursue the claim through the usual judicial process only upon filing bond in the amount of two thousand dollars....payable to the defendant....if the plaintiff does not prevail in the final judgment." "Any claim by a minor against a health care provider... shall be commenced within three years from the date an action first occurs, except that a minor under the full age of six shall have until his ninth birthday in which the action may be commenced." The second feature was the establishment of a "temporary (one and a half years) non-exclusive, joint underwriting association... to provide medical malpractice insurance on a self supporting basis" for "any licensed physician....upon proof that the physician has made a reasonable effort to obtain insurance and has been unable to obtain it". The third feature was the establishment of a special commission "for the purpose of making an investigation and study of medical professional liability insurance and the nature and consequences of medical malpractice". "The commission shall file its annual report no later than the last Wednesday in December, 1976".

While the Massachusetts Medical Society was laboring with the malpractice problem, it was involved, too, in a bit of internecine warfare, the attempt of an increasing number of its members to abolish the "participating physician" clause in the Blue Shield contract. This is an instance where the Massachusetts physician has been hoisted on his own petard. Originally this was a provision, entered into in good faith by the members of the Medical Society, to give teeth to Blue Shield, the original third party payor in its efforts to provide insurance against the cost of medical care to individuals of limited or modest means. Now, with Medicare, Medicaid, and hordes of other third party payors, it gives Blue Shield a valuable competitive tool in the market place, but severely limits most physicians in establishing fees for any and all patients, regardless of income. Thus far the abolishment advocates have not been able to prevail in the medical society itself and probably face a forbidding legislative hurdle. The demeaning of the Board of Registration in Medicine along with the enactment of a malpractice bill is just one indication of the legislative attitude toward the profession and an ill omen so far as abolishing the participating physician clause is concerned.



A bold attempt of the chiropractors to alter by rule and regulation their privileges as defined by law was at least partially thwarted by the combined efforts of the medical society, the Board of Registration in Medicine, and others. Digitalrectal examinations, pricking the finger for blood tests, and inspection of the nose and throat for diagnostic purposes were to be legitimate activities of chiropractors if the Board of Chiropractors had its way, but a public hearing resulted in "a discouraging word".

Similarly, attempts by the Department of Public and Mental Health to, by rule and regulation, have a predominantly lay body determine whether psychosurgery could be performed on a given patient, was thwarted at a public hearing, after vigorous opposition by the medical society and the Board of Registration in Medicine. The proposed rules and regulations were withdrawn as inappropriate.



<u>YEAR</u>	<u>INCOME</u>	<u>EXPENDITURES</u>	<u>INCOME REVERTED TO GENERAL FUND</u>
1952	\$26,571.25	\$17,258.87	\$ -687.62
1953	\$16,851.00	\$17,451.88	\$ -600.88
1954	\$19,886.55	\$18,084.59	\$ 1,801.96
1955	\$29,898.25	\$20,889.84	\$ 9,008.41
1956	\$29,176.00	\$23,670.06	\$ 5,505.94
1957	\$30,330.00	\$24,824.11	\$ 5,505.89
1958	\$35,070.00	\$24,430.99	\$10,639.01
1959	\$36,082.25	\$24,519.21	\$10,563.04
1960	\$48,725.00	\$25,738.40	\$22,986.60
1961	\$46,318.00	\$27,133.86	\$19,184.14
1962	\$50,208.10	\$29,187.10	\$21,021.00
1963	\$50,636.33	\$29,965.68	\$20,670.65
1964	\$55,853.10	\$29,338.75	\$26,514.35
1965	\$64,298.00	\$32,518.54	\$31,779.46
1966	\$70,581.00	\$37,751.37	\$32,829.63
1967	\$71,816.10	\$39,250.07	\$32,566.03
1968	\$78,629.46	\$38,265.46	\$30,364.00
1969	\$78,473.11	\$36,146.61	\$42,326.50
1970	\$103,821.18	\$45,983.49	\$58,446.78
1971	\$106,793.40	\$49,469.10	\$57,324.30
1972	\$136,309.88	\$47,739.02	\$88,570.86
1973	\$123,533.28	\$44,170.05	\$79,363.23
1974	\$141,906.00	\$62,518.00	\$79,388.00
1975	\$160,684.00	\$70,398.09	\$90,285.91



Physical Therapy  
Registration

Year	Renewals	Examination	Waiver	Endorsement
'53			338	
'54			123	
'55			3	
'56			71	
'57		29	2	
'58		1	0	
'59		34	0	
'60		67	174	1
'61		43	0	
'62		67	0	
'63		57	0	
'64		47	0	7
'65		59	0	1
'66		65	0	
'67		51	0	3
'68	1019	60	0	2
'69	18	77	0	3
'70	1209	91	0	4
'71	60	98		27
'72	1422	72		40
'73	35	120	0	73
'74	1559	180	0	
'75	109	123		81

1943-1974 (31 years)

[illegible]